

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 5

2. STATE:

Nevada

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

11/01/00

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1932 (a) (1) (A)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0
b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 31f

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Page 31f

10. SUBJECT OF AMENDMENT:

Medicaid Managed Care: Implementation of Voluntary Plan enrollment orientation sessions

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Charlotte Crawford

14. TITLE:

Director, Department of Human Resources

15. DATE SUBMITTED:

16. RETURN TO:

Betty Leyrer, Chief
Nevada Medicaid
2527 N. Carson Street
Carson City, NV 89706-0113

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

October 30, 2000

18. DATE APPROVED:

January 16, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

11/01/00

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator
Division of Medicaid

23. REMARKS:

C. Excluded Medicaid Eligible Categories

Individuals federally exempt from mandatory enrollment are:

1. Children under the age of 19:
 - a. Children eligible for SSI under Title XIX;
 - b. Children described in section 1902(e)(3) of the Social Security Act (Katie-Beckett);
 - c. Children in foster care or other out-of-town placement;
 - d. Children receiving foster care or adoption assistance; or
 - e. Children as identified under I.B.5. above.
2. The Aged, Blind and Disabled eligible for SSI, as a state institutional case or through a Home- and Community-Based Waiver.
3. Dual Medicare-Medicaid eligibles.
4. American Indians who are members of a Federally-recognized tribe.

D. Voluntary Participants

The State will allow American Indians, participants diagnosed SED or SMI and children as identified in I.B.5., to voluntarily enroll in an HMO under the mandatory managed care program. These categories of enrollees are not subject to mandatory lock-in enrollment provisions.

II. Enrollment

A. Process

The State will conduct enrollment sessions with all Medicaid eligibles in groups of 10 - 30 at a time.

1. The sessions are scheduled in conjunction with the initial eligibility interview or the redetermination interview where third party liability information is also collected.
2. Attendance at the enrollment sessions is voluntary.
3. The State assures the information will be presented to non-English speaking participants in a culturally competent manner.

1. Methodology

The content of the enrollment session is provided through:

1. A video;
2. State or State contract staff presentation following the video and responding to participant questions;
3. State written information; and
4. State approved HMO materials.